	$\dot{O}\dot{O}\dot{O}$	19201

(Requestor's Name) (Address) (Address)	900315148069
(City/State/Zip/Phone #)	06/29/1801022010 **35.00
(Business Entity Name)	Mission 19
(Document Number) Certified Copies Certificates of Status	9. 14
Special Instructions to Filing Officer: CALLED PERMISSION GIVEN TO CORRECT/BY EMC DOCUMENT BY ON THIS DATE MCAMA MCAMA ON THIS DATE MCAMA ON THIS DATE MCAMA ON THIS DATE MCAMA OFfice Use Only	iling promontation ace resignation
	N. CAUSSEAUX JUL - 3 2018

## COVER LETTER

TO:	Registration Se Division of Cor			
	BST Truck			
SUBJE	CI:	Name of Limi	ted Liability Company	
			Sec. J. Co., 4715 and	
		Amendment and fee(s) are sub-		
Please r	eturn all correspe	indence concerning this matter t	to the tollowing:	
		Ronni Kownaek		
			Name of Person	
		BST Trucking LLC		
			Firm/Company	
		1517 15th Lane		
			Address	<u></u>
		Palm Beach Gardens, FL	33418	
			City/State and Zip Code	
		Info@BST-Trucking.com		
		E-mail address: (	to be used for future annual repo	rt notification)
For fur	ther information (	concerning this matter, please ca	all:	
Ronni	Kownack		904 629-05 at ()	
	Name	of Person	Area Code I	Jaytime Telephone Number
Enclose	ed is a check for i	the following amount:		
□ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>S60.00 Filing Fee, Certificate of Status &amp; Certified Copy (additional copy is enclosed)</li> </ul>
	Regis Divisi P.O. B	JNG ADDRESS: tration Section on of Corporations Box 6327 hassee, FL 32314	Registration Division of C Clifton Build	Corporations ling ive Center Circle

a transformer and the second second

June 6<sup>th</sup>, 2018

To whom it may concern,

Our business partner, Javian Moran, has resigned from our company – BST Trucking, L.L.C.. Included with this letter is a *Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company* form.

Please note the new PRINCIPAL address will be: 1517 15<sup>th</sup> Lane, Palm Beach Gardens, Fl, 33418 and contact number is 904-629-0557.

I, Ronni Kownack, will be the Registered Agent (same address as above) which is already listed.

Our email address is info@bst-trucking.com

Respectfully, frafile

Ronni Kownack (904) 629-0557

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BST Trucking LLC	
(Name of the Limited Liabilit (A Florida	IV Company as it now appears on our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L16000178203</u> This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limit</u>	·
The new name must be distinguishable and contain the words "Lim Enter new principal offices address, if applicable:	ited Liability Company," the designation "LLC" or the abbreviation "LLC." 1517-15th Lane
(Principal office address MUST BE A STREET ADDR	(ESS) Palm Beach Gardens, Fl. 33418
Enter new mailing address, if applicable:	1517 15th Lane
(Mailing address MAY BE A POST OFFICE BOX)	Palm Beach Gardens, Fl. 33418
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, <u>enter the name of the new</u> ress here:
Name of New Registered Agent: Ronni	A. Kownack

	City	Zip Code
	Palm Beach Gardens	, Florida
New Registered Office Address:	1517 15th Lane Enter Flor	rida street address
Name of New Registered Agent:	Konni A. Kownack	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

u lm

If Changing Registered Agent, Signature of New Registered Agent

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Javian Calbert Morgan	100 Crestwood Ct. N. Apt 111	D Add
		Royal Palm Beach, Fl. 33411	Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
			ـــــــــــــــــــــــــــــــــــــ
			🛛 Add
			Remove
			Change
<u> </u>			
			E Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

••••

.

-		
-		<u> </u>
_		
-		<b>9</b> 1
-		
-		
		29
-		
-		<u>*</u> ز <u>ب</u>
-		
_		
_		
-		
-		
		<u></u>
-		
-		
Note:	ive date, if other than the date of filing:(optional) betive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ent's effective date on the Department of State's records.	irsuant to 605.020 Il not be listed a
e re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the earlier
Dated		
	Signature of a member or authorized representative of a member	
	Can U Jul Signature of a member or authorized representative of a member Ronni A, Kownack	

Page 3 of 3

Filing Fee: \$25.00